FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE:  This is an initial* Statement of Organization	OSSUTH COUNTY, IOWA FILED	FORM STATEMENT  DR-1 OF  (Rev. 07/00) ORGANIZATION
This is an amended* Statement of Organization	JUN 4 2002	For Office Use Only
*An initial Statement of Organization should be filled within 10 days of the commaking expenditures or incurring indebtedness exceeding \$500. Amendments schange. Penalties may be imposed for late-filed Statements of Organization.	littee's accepting contributions,	Comm. # Kosarth Indexed 17249-A Audited Computer
COMMITTEE NAME (Required by law)  Committee To Elect Roger Fisher for Sheriff  IMPORTANT: Indicate type of committee you are reporting for: (4)  (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)  COMMITTEE TREASURER This address used for all reminders and (Required by law)  COMMITTEE CHAIR (List additional officers on separate page)  (Required by law)		
Name 6 200 Name		
Sefty Cou JONES JUN Koger Fisher  Mailing Address  Box 23 314 7th AVE. W.  City, State Zip Code  Swea City, IA. 50590  Swea City, IA. 50590		
Phone (515) 272 - 4354 Phone (515) 272 - 4832		
e-Mail  INDICATE PURPOSE OF COMMITTEE – Check One Box Advocate for/against candidate(s) Advocate for/against ballot issue(s)  Comment or description:		
All Candidates Enter: Office Sought: Kossuch Co. Sheriff District: Kossuch County		
Political Party (if applicable) Year Standing for Election: 2002  County/Local Candidates and Local Ballot/Franchise Committees Enter: County: Kossuth Date of Election: Nov. 5, 2002		
Name of Financial Institution/type of Account +	Candidate name & Address or Pare  Affil  Roger Fisher  Mailing Address	ent Entity (PACs, if applicable), iate, or Sponsor
Bank Plus Checking Acct. Mailing Address + +	Box 23 314 That City + St  Street City The	$\frac{\mathcal{E}. \ \mathcal{W}.}{\text{ate} \ \downarrow \ \ Zip} \ \downarrow \ \ \mathcal{E}.$
City $\downarrow$ State $\downarrow$ Zip $\downarrow$ Sweak City $\downarrow$ TA. 50590	Phone (515) 278 - 48	32
DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box:	(Statement of intent required by law for all committees and committees using only per	
(1) DONATED TOCOUNTY CENTRAL COMMITTEE  (2) DONATED TOLOCAL/STATE/NAT'L POLITICAL PARTY (undertile and provided to Charitable Organization (specify) Kosseth Coll D.A.R.S. Program	(CANDIDATES ONLY)	OMMITTEE OF THIS SAME CANDIDATE  Y GENERAL FUND (PACS ONLY)
(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one) (5) PARTISAN CONGRESSIONAL DISTRICT FUND	(9) OTHER (PACs ONLY), PLEA:	SE BE SPECIFIC
STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON  I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in lowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.		
Signature of Treasurer	Date Signe	ed .
Signature of Pajrididate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson		d .